



SYSTEM OF PAYMENTS POLICY HANDOUT

Purpose

To define policies and procedures developed to comply with the IDEA 2004 statute and regulations for Part C (effective October 28, 2011). These policies and procedures describe the Delaware Birth to Three Early Intervention Program's system of payments.

Policy

- A. The Delaware Health and Social Services (DHSS), Birth to Three Early Intervention Program assures that families be provided, at no cost, the following required functions:
1. Implementing the child find requirements;
 2. Evaluation and related functions to determine initial and ongoing eligibility;
 3. Assessment and related functions to identify the child's and family's unique needs and services to meet the child's and family's unique needs;
 4. Service coordination services;
 5. Administrative and coordinative-activities related to:
 - a. The development, review, and evaluation of the Individualized Family Service Plan (IFSP) or interim IFSP, in accordance with *Section 15* of these policies and procedures; and
 - b. The implementation of the procedural safeguards and other components of the statewide program of early intervention services, in accordance with *Section 20* of these policies and procedures.
- B. The Birth to Three Early Intervention Program shall not charge any family fees for early intervention services, as defined in 34 CFR Section 303.13, that are identified in the child's IFSP.
- C. Delaware's Birth to Three Early Intervention Program is permitted, but not required, to use Part C or other funds to pay for costs such as deductibles, co-pays, or co-insurance.
- D. Part C funds may be used to prevent a delay in the timely provision of early intervention services, pending reimbursement from the agency or entity that has ultimate responsibility for the payment.
- E. If a parent wishes to contest the imposition of a fee or the State's determination of the parent's ability to pay, he or she may:
1. Request and participate in mediation in accordance with *Section 21: Dispute Resolution (C)* of these policies and procedures; and/or
 2. File a state complaint in accordance with *Section 21: Dispute Resolution (B)* of these policies and procedures; and/or

3. Request a due process hearing in accordance with *Section 21: Dispute Resolution (D)* of these policies and procedures; and/or
 4. Use any other procedure established by the State for the speedy resolution of financial claims, provided that such use does not delay or deny the parent's procedural rights, including the right to pursue, in a timely manner, the options in *E (1)-(3)* above.
- F. The family service coordinator shall inform parents of their procedural safeguards under this policy by providing parents with a copy of the System of Payments policy when obtaining informed written parental consent to use private or public insurance and benefits, and to share personally identifiable information for the purposes of billing for:
1. The initial provision of early intervention services in the child's IFSP; and
 2. Anytime informed written parental consent for services is required due to an increase in frequency, length, duration, or intensity in the provision of services in the child's IFSP.
- G. Early intervention service provider agencies shall be required, in the Early Intervention Services contract, to bill third party insurance, including Medicaid, Delaware Healthy Children's Insurance Program (hereafter referred to as CHIP), and TRICARE, with informed written parental consent.
- H. If the parent does not provide consent to access public or private insurance, the Birth to Three Early Intervention Program shall still make available those Part C services on the IFSP to which the parent has provided informed written consent.
- I. Use of both public and private insurance to pay for early intervention services:
1. Families who have both private insurance and public benefits or insurance shall be informed that payment for services shall be billed in the following sequential order, provided that the family has provided informed written consent:
 - a. First to be billed is private insurance;
 - b. Second to be billed is public insurance or benefits;
 - c. Third to be billed are the state early intervention funds; and
 - d. Last to be billed are the federal Part C funds as payor of last resort.
 2. When families have both private insurance and public insurance, the use of private insurance is a prerequisite to the use of public insurance if the parent has provided informed written parental consent to the use of private insurance, in accordance with *Section 20: Procedural Safeguards* of these policies and procedures, to use private insurance to pay for early intervention services for his or her child, and includes:
 - a. Informed written parental consent for the initial provision of an early intervention service in the IFSP; and

- b. Each time informed written parental consent for services is required due to an increase in frequency, length, duration, or intensity in the provision of services in the child's IFSP, in accordance with *Section 20: Procedural Safeguards* of these policies and procedures.

J. Use of public benefits or insurance to pay for early intervention services

1. Parents shall not be required to sign up for or enroll in a public benefits or insurance program as a condition for their child to receive early intervention services if that child or parent is not already enrolled in a public benefits or insurance program.
2. The family service coordinator shall inform the family prior to using Medicaid and the Delaware CHIP that:
 - a. In accordance with 34 CFR §303.414(b), because Medicaid and CHIP, are administered by the DHSS, the same agency that administers the Birth to Three Early Intervention Program, the family service coordinator is not required to gain informed written parental consent for disclosure of personally identifiable information for billing purposes from parents who are enrolled in these two DHSS public benefits and insurance programs.
 - b. The family service coordinator shall be required to obtain informed written parental consent in order for the program to access and use other public insurance and benefits, such as TRICARE, that is administered by the Secretary of Defense, to pay for Part C services.
3. The Birth to Three Early Intervention Program assures that the use of public insurance shall not:
 - a. Decrease available lifetime coverage or any other insured benefit for the child or parent under that program;
 - b. Result in the child's parents paying for services that would otherwise have been paid for by the public benefits or insurance program;
 - c. Result in any increase in premiums or cancellation of public benefits or insurance for the child or parents; or
 - d. Risk the loss of eligibility for the child or the child's parents for home- and community-based waivers based on total health-related costs.

K. Families with private insurance

1. The family service coordinator provides prior written notice to the parent of the program's intent to use private insurance to pay for Part C services for the child and describes the protections under the system of payment policy.
2. Prior to gaining informed written parental consent to use the parent's private insurance to pay for early intervention services in their child's IFSP, the family service coordinator shall explain that the parent may be responsible for payment of the insurance premium.

3. Informed written parental consent must be obtained:
 - a. When the Birth to Three Early Intervention Program seeks to use the parent's private insurance or benefits to pay for the initial provision of an early intervention service in the IFSP; and
 - b. Each time consent for services is required under 34 CFR §303.420(a)(3) due to an increase in frequency, length, duration, or intensity in the provision of services in the child's IFSP.

L. Families without insurance:

1. The Birth to Three Early Intervention Program may not require a parent to sign up for or enroll in public or private insurance as a condition of receiving Part C services and must obtain consent prior to using the public benefits or insurance of a child or parent if that child or parent is not already enrolled in such a program.
2. If a family does not have insurance, they and their child shall not be denied or delayed receiving early intervention services because they lack public or private insurance.

Procedures

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